### FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response. . . . . 16.00

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	DATERECEIVED
UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (   check if this is an amendment and name has changed, and indicate change.) \$6,000,000 Financing - Common Stock (February, 2007)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 R Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	──── <del>────────────────────────────────</del>
1. Enter the information requested about the issuer	Tr.
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	18
Luxury Brand Consulting, Inc. d/b/a Bossa Nova Beverage Group, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 11965 Venice Boulevard, Suite 409, Los Angeles, CA 90066	Telephone Number (Including Area Code) (310) 566-7857
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code)
Brief Description of Business	
Beverage manufacturing and distribution	
Type of Business Organization  corporation   limited partnership, already formed   other (pl business trust   limited partnership, to be formed	ease specify): PROCESSEI
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 4 9 9 ■ Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	MAR 2 6 2007 THOMSON

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC ID	ENTI	FICATION DATA			_	· · · · · · · · · · · · · · · · · · ·
2. Enter the information r	equested for the fo	ollowing:							· · · · · · · · · · · · · · · · · · ·
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is	suer has i	been organized v	vithin	the past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	wer to vote	e or dispose, or d	irect tl	he vote or disposition	of, 10	% or more	of a cla	ss of equity securities of the issue
<ul> <li>Each executive of</li> </ul>	ficer and director of	of corpora	ite issuers and of	corpe	orate general and ma	naging	g partners o	f partn	ership issuers; and
	managing partner o								·
Check Box(es) that Apply:	Promoter	В	eneficial Owner	x	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<u> </u>		<u> </u>				
O'Malia, Tom									
Business or Residence Addre	ss (Number and	Street, C	ity, State, Zip C	ode)			· ·		· · · · · · · · · · · · · · · · · · ·
11965 Venice Boulevard				·					
Check Box(es) that Apply:	Promoter	x Be	eneficial Owner	ĸ	Executive Officer	x	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Johnson, Alton									
Business or Residence Addre 11965 Venice Boulevard			ity, State, Zip Cos, CA 90066	ode)					
Check Box(es) that Apply:	Promoter	Ве	eneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, i Feinblum, Barney	f individual)					-			
Business or Residence Addre 1700 Lincoln Street, Suit		Street, Ci	ity, State, Zip Co	ode)	<del></del>				
Check Box(es) that Apply:	Promoter		neficial Owner		Executive Officer		Diseases		Contract to
•••					Executive Officer		Director	Ц —.	General and/or Managing Partner
Full Name (Last name first, i									
Greenmont Capital Partn		0							
Business or Residence Addre 1700 Lincoln Street, Suit				ode)					
Check Box(es) that Apply:	Promoter	Be	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>			<u>-</u>	· • • • • • • • • • • • • • • • • • • •
The Coca-Cola Company									
Business or Residence Addres	•		ty, State, Zip Co	de)					
One Coca-Cola Plaza, At	lanta, Georgia (	30313	<del></del> :						
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner	×	Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, it	individual)	*****					_		
Gehan, Robert									
Business or Residence Addres			ty, State, Zip Co	de)					
11965 Venice Boulevard.	Suite 409, Los	Angeles	s, CA 90066						
Check Box(es) that Apply:	Promoter	☐ Bei	neficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, if	individual)		<u>.</u>						
Crawford, Candace									
Business or Residence Addres	s (Number and	Street, Cit	ty, State, Zip Co	de)					
11965 Venice Boulevard,	Suite 409, Los	Angeles	s, CA 90066						
	(Use blan	k sheet, o	or copy and use a	additio	onal copies of this sh	cet, a	s necessary	<del>_</del>	

				В.	INFORMA'	TION ABO	UT OFFER	ING		·····		· · · · · · · · · · · · · · · · · · ·
1. Has th	re icenar col	ld or down	tha iaan n		.11				<del></del>		Yes	No
1. 1105 (1	ne issuer sol	id, or does										×
2. What	is the minir	num invact			n Appendi:							
Z. Wilai	is the minir	num mvesu	ment that	will be acc	eptea from	any indivi	dual?		•••••	•••••	. \$ <u>N/</u>	<u> </u>
3. Does	Does the offering permit joint ownership of a single unit?									Yes	No •	
4. Enter	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering									, _	Ŀ	
comm	ission or sin	nılar remune	cration for	solicitation	n of purchas	sers in conn	ection with	i sales of se	curities in	the offering		
or stat	rson to be li es, list the n	ame of the l	broker or d	lealer. If m	ore than fiv	'e (5) perso	ns to be lis	ted are asso	SEC and/o ociated ner	r with a stat sons of suc	e h	
а broк	er or dealer	, you may s	set forth th	e informat	ion for tha	broker or	dealer onl	у.			•	
	(Last name	first, if ind	lividual)									
Greif, Llo	r Residence	Address ()	Number on	d Street C	State State	7: C = 1 = \	·					
	Fifth Stree					Zip Code)						
Name of A	ssociated B	roker or De	aler	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70071				<u> </u>			
Greif & C								_				
	hich Person											
(Checl	k "All State	s" or check	individua	l States)		••				*******************************	☐ Al	I States
AL	AK	ΑZ	ĀŔ	ĈA	CO	CT	[DE]	[DC]	FL	GXA]	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX.	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)	<u> </u>		<del>-</del>		···	<del></del>			
Business o	r Residence	Address (1	Number ar	d Street, C	City, State,	Zip Code)						
Name of As	sociated B	roker or De	aler	<del></del>	<u>.</u> .			<del></del>	·		<u>_</u>	
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	s" or check	individua	States)			***************************************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ A1	l States
AL	AK	AZ	AR	CA	CO	टिंग	DE	امطا				
II.	IN	1A	KS	$\frac{CX}{KY}$	I.A	CT ME	MD	DC MA	FL MI	GA MN	HI MS	ID '
MT	NE	NV	NII	NJ	NM	NY	NC	ND	OH	OK	OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)				<del></del>			<del></del>		<del></del>
	•		,									
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
NI			<del></del>				·	·····				
Name of As	sociated Br	oker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u></u> -	<del></del>				
	"All States											States
_									•••••	•••••••••••••••••••••••••••••••••••••••		States
AL IL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
MT	IN NE	IA NV	KS NII	KY NJ	LA NM	ME NY	MD	MA	MI	MN	MS	MO
RI	SC	SD	TN	TX	UT	VT	NC VA	ND WA	OH WV	(OK) WI	OR WY	PA PR
									لنبن	لننب	لنت	

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		ggregate ring Price	:	Α	mount Already Sold
	Debt	S	0		\$	0
	Equity		00.000	_	*-	6,000,000
	Common Preferred	<u>, , , , , , , , , , , , , , , , , , , </u>		_	⊅_	0,000,000
	Convertible Securities (including warrants)	¢	0		\$	0
	Partnership Interests			_	-	0
	Other (Specify)		0	_	\$_	0
	Total				<b>\$</b> _	6,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>, 0,0</u>		_	<b>S</b> _	0,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
	Accredited Investors	In	ımber vestors			Oollar Amount of Purchases
	Non-accredited Investors		<u> </u>	_	Ψ.	6,000,000
					\$_	
	Total (for filings under Rule 504 only)			_	\$_	
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		N/A			
	Type of Offering		pe of		Γ	Dollar Amount
	Rule 505		curity			Sold
	Regulation A			-	\$_	
	Rule 504			-	\$_	· ·
				-	\$_	
ļ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·	-	\$_	
	Transfer Agent's Fees		Г	7	\$	0
	Printing and Engraving Costs			_ _	\$	0
	Legal Fees			ם ר	\$ \$	75,000
	Accounting Fees				• \$	0
	Engineering Fees			_	_	0
	Sales Commissions (specify finders' fees separately)			.,	\$	360,000
	Other Expenses (identify)			]	»—	0
	Total	• • • • • • • • • • • • • • • • • • • •		]	<b>&gt;</b>	
		•••••	···· 🔀	ł	\$ <u>_</u>	135,000

L	C. OFFERING FRICE, NOW	BER OF INVESTORS, EXPENSES AND USE OF I	PROC	EEDS		•
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	ring price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross			s 5,5	65,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for by purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross			Ψ <u></u> .	
			Di A	yments to Officers, rectors, & ffiliates		ayments to Others
	Salaries and fees		<b>\$</b>	0	_	0
	Purchase of real estate		_ ┐\$_	0		0
	Purchase, rental or leasing and installation of mac	hinery		0	_	0
	and equipment				_ 🔲 \$	0
	Construction or leasing of plant buildings and fact	•	_] \$_		_ [] \$_	
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse	ets or securities of another				
	issuer pursuant to a merger)				_ [] \$	0
	Repayment of indebtedness			0	_ x \$_	1,638,832
	Working capital		_	0	_ x \$_	3,926,168
	Other (specify):	[	<b>]</b> \$_	0	\$	0
		[	<b>□</b> \$_	0	. 🗆 \$_	0
	Column Totals	[	_] \$	0	× \$_	5,565,000
	Total Payments Listed (column totals added)			× \$_5	,565,000	0
		D. FEDERAL SIGNATURE		<del></del>	<del></del>	,
Sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	cion	unon writte	le 505, t	he following st of its staff
Lux Bev	er (Print or Type) ury Brand Consulting, Inc., d/b/a Bossa Nova erage Company, Inc.		Date Febru	 uary <b>Zf</b> , 20	07	
Naı	ne of Signer (Print or Type)	Title of Signer (Frint or Type)				
Al	on Johnson	President and Chief Executive Officer				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)